



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/709,121
Filing Date::	04/14/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1614
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND DEVICES FOR EPITHELIAL PROTECTION DURING PHOTODYNAMIC THERAPY
Attorney Docket Number::	022727-0107
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1A
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Richard
Middle Name::	Rox
Family Name::	Anderson
City of Residence::	Massachusetts
Country of Residence::	Lexington

Street of mailing address:: 339 Marrett Road  
City of mailing address:: Lexington  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02421

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bernhard  
Family Name:: Ortel  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 10 Emerson Place, 14C  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eliot  
Middle Name:: F.  
Family Name:: Battle  
City of Residence:: Washington  
State or Province of Residence:: DC  
Country of Residence:: US  
Street of mailing address:: 5300 43rd Street NW  
City of mailing address:: Washington  
State or Province of mailing address:: DC  
Postal or Zip Code of mailing address:: 20015

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edwin  
Middle Name:: K.  
Family Name:: Joe  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 520 West 23rd Street, Apt. G  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10011

#### **Correspondence Information**

Correspondence Customer Number:: 021125

#### **Representative Information**

Representative Customer Number:: 021125

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,937	04/15/03

#### **Assignee Information**

Assignee name:: MASSACHUSETTS GENERAL HOSPITAL  
Street of mailing address:: Office of Corporate Sponsored Research & Licensing  
Partners HealthCare System, Inc.  
City of mailing address:: Charlestown

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02129

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